Public Health Foundation

327. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry is setting up a Public Health Foundation to train medical professionals in public healthcare;

(b) if so, the details thereof; State-wise;

(c) whether the staff welfare of many hospitals has been neglected which resulted in acute problems in management creating despair among its staff; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Government has decided to support the Public Health Foundation of India (PHFI) in setting up of world class Institutes of Public Health in India. PHFI is an autonomous body. The Govemment of India proposes to contribute as one-time grant upto Rs. 65 crore only to the initial Rs. 200 crore PHFI corpus.

PHFI initially proposes to set up two schools. The locations have yet to be decided by PHFI.

(c) No, Sir. The Government is not aware of any neglect in the hospitals managed by the Government of India.

(d) Does not arise.

Resurfacing of polio in the country

328. SHRI T.S. BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a large number of polio cases have been reported this year from one of the States in North India as also from the North Eastern States of the country;

(b) if so, the details thereof, State-wise and the reasons therefor; and

(c) the steps proposed to be taken to tackle in those particular areas to overcome the problem and to bring the situation in those States at the national level and by when it is likely to be achieved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes Sir. Out of 531 polio cases detected so far this year 443 are from Uttar Pradesh, 43 from Bihar, 11 from Haryana, 13 from Uttaranchal, 5 from Delhi, 3 from Punjab and remaining 13 cases are from other States. Statewise reporting of polio cases in 2006 are at Statement-I. (See below)

The increase in polio cases in 2006 was due to a large percentage of children missed during polio immunization campaigns conducted in the later part of 2005 and early 2006 due to various reasons including poor health infrastructure, thickly populated areas with poor sanitation, under/ malnutrition of children, resistance of some house hold for.acceptance of a vaccine in the programme. It has also been reported that due to interference of other viruses in the guts of children, the vaccination was not effective in some children even after repeated dosages.

(c) To achieve early interruption of polio transmission Government has intensified Supplementary immunization activities in the high-risk states and districts. The actions taken and proposed to be taken is at statement-ll.

Statement

State-wise Polio Cases detected during 2006

Sl.No.	Name ofthe State/UTs	Polio cases
1.	Uttar Pradesh	443
2.	Bihar	43
3.	Uttaranchal	13
4.	Haryana	11
5.	Delhi	5
6.	Punjab	3
7.	Maharashtra	4
8.	Madhya Pradesh	3
9.	Gujarat	2
10.	Jharkhand	1
11.	West Bengal	1
12.	Chandigarh	1
13	Assam	1
	TOTAL:	531

Statement-Il

The action proposed to be taken for early interruption of polio transmission

- High Quality Supplemental Immunization Rounds have been implemented in January, February, April and May, June, July, September and November, 06.
- The National Immunization Rounds will be implemented in the month of January and February, 2007.
- Monovalent Oral Polio Vaccine 1 (mOPV1) are being used in the high risk districts and States to enhance immunity so that the presently circulating P1 virus can be interrupted.
- An additional round with monovalent Oral Polio Vaccine 3 (mOPV3) is planned in 5 districts (Moradabad, JP Nagar, Badau, Rampur and Bareli) of Moradabad region in December 2006.
- To enhance the immunity of newborns a special drive to vaccinate newborns within 72 hours of birth have been initiated in selected high-risk blocks of Moradabad district.
- Social Mobilization activities are being intensified by involving the local influences, community and religious leaders to improve community participation and acceptance of polio vaccine.
- The Union Health Minister had a consultative meeting with the Health Ministers of polio affected State on 21 September, 2006 and stressed for taking corrective actions by the States for early interruption of polio transmission.
- State Political Leadership and Administration are continuously being updated on the indentified gaps in the implementation of the Program, they in-turn are constantly monitoring the progress with the District Administration. The District Magistrates are taking corrective action through the District Task Force formed to accelerate the program implementation.